



General Assembly

Substitute Bill No. 1287

January Session, 2001

***AN ACT CONCERNING THE DEVELOPMENT OF A STATE
CHILDREN'S POLICY.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-5 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 In accordance with the provisions of sections 4-5 to 4-8, inclusive,
4 the Governor shall, after consultation with the Council on Children
5 and Families and with the approval of the General Assembly, appoint
6 a [Commissioner] Secretary of Children [and Families] who shall be
7 the administrative head of the department [He] who shall devote [his]
8 full time to the duties of [his] the office. The secretary shall have an
9 advanced degree, broad knowledge of children's issues and extensive
10 experience in high-level management positions requiring skills in
11 strategic planning, financial analysis and negotiation.

12 Sec. 2. Section 17a-6 of the general statutes is amended by adding
13 subsection (p) as follows:

14 (NEW) (p) Serve as chairperson of the Children's Cabinet
15 established under section 3 of this act.

16 Sec. 3. (NEW) (a) There is established a Children's Cabinet
17 consisting of: The Secretary of Children, who shall serve as
18 chairperson; a pediatrician, appointed by the majority leader of the

19 House of Representatives, with the advice of the Connecticut chapter
20 of the American Academy of Pediatrics; a public child welfare social
21 worker, appointed by the minority leader of the House of
22 Representatives, with the advice of the Connecticut chapter of the
23 National Association of Social Workers; a psychologist, appointed by
24 the Connecticut Psychological Association; an attorney, appointed by
25 the Connecticut Bar Association; a judge of the Family Division of the
26 Superior Court, appointed by the Chief Justice of the Supreme Court; a
27 representative of private children's agencies, appointed by the
28 president pro tempore of the Senate, with the advice of the
29 Connecticut Association of Nonprofit Providers; a representative of
30 education, appointed by the Governor; a representative of a children's
31 advocacy organization, appointed by the Commission on Children; a
32 representative of a children's health organization, appointed by the
33 Commissioner of Public Health and a representative of workforce
34 development, appointed by the minority leader of the Senate. Each
35 member of the advisory committee shall serve a five-year term. The
36 Department of Children shall provide support staff for the Children's
37 Cabinet.

38 (b) On or before July 1, 2003, and biennially thereafter, the
39 Children's Cabinet shall prepare a biennial state-wide policy plan for
40 promoting the well-being of children through preventive services and
41 submit the plan to the State Prevention Council established under
42 sections 6 to 10, inclusive, of this act. The plan shall include, but need
43 not be limited to:

44 (1) Elements addressing various areas of services to children,
45 including welfare and protection, education, physical and mental
46 health, housing and employment and training;

47 (2) Outcome-based benchmarks for each element to measure the
48 well-being of Connecticut children and families and the effectiveness
49 of state prevention programs;

50 (3) Ways to best deliver integrated preventive services to children

51 and their families based on their individual needs; and

52 (4) Recommendations of research-tested prevention strategies that
53 implement its prevention policy plan.

54 (c) The Children's Cabinet shall meet not less often than once per
55 month and shall:

56 (1) Review the biennial prevention budget that the State Prevention
57 Council established under sections 6 to 10, inclusive, of this act submits
58 to the Office of Policy and Management;

59 (2) Identify indicators of risk for children including the areas of
60 education, physical and mental health, child welfare and protection,
61 juvenile justice and housing;

62 (3) Assess the effectiveness of state preventive programs against the
63 benchmarks it establishes and recommend to the State Prevention
64 Council programs that should be expanded, revised or terminated;

65 (4) Meet at least twice a year with the State Prevention Council;

66 (5) Recommend training and education initiatives on prevention for
67 professional development training programs, health systems and
68 community services;

69 (6) Encourage the direct involvement of the public, consumers,
70 parents, the business community and local government in partnership
71 with state government to promote prevention; and

72 (7) Recommend prevention policies for the Department of Children.

73 Sec. 4. Section 17a-2 of the general statutes is repealed and the
74 following is substituted in lieu thereof:

75 (a) There shall be a Department of Children [and Families] which
76 shall be a single budgeted agency consisting of the institutions,
77 facilities programs now existing within the department, any programs
78 and facilities transferred to the department, and such other

79 institutions, facilities and programs as may hereafter be established by
80 or transferred to the department by the General Assembly.

81 (b) Said department shall constitute a successor department to the
82 Department of Children and Youth Services and to the Department of
83 Children and Families, for the purposes of sections 2c-2b, 4-5, 4-38c, 4-
84 60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a, 10-
85 15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-76g, 10-94g, 10-253, 17-86a, 17-
86 294, 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89,
87 inclusive, 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-
88 458, 17a-463, 17a-474, 17a-560, 17a-511, 17a-634, 17a-646, 17a-659, 18-69,
89 18-69a, 18-87, 19a-78, 19a-125, 19a-216, 20-14i, 20-14j, 31-23, 31-306a,
90 38a-514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive,
91 46a-28, 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159,
92 inclusive, 54-56d, 54-142k, 54-199, 54-203 and in accordance with the
93 provisions of sections 4-38d and 4-39.

94 (c) Whenever the words "Commissioner of Children and Youth
95 Services", "Department of Children and Youth Services", or "Council
96 on Children and Youth Services" are used in sections 2c-2b, 4-5, 4-38c,
97 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a,
98 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-94g, 10-253, 17-86a, 17-294,
99 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive,
100 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-463,
101 17a-474, 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78,
102 19a-125, 19a-216, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to 45a-
103 705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15 to
104 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-199,
105 54-203, the words ["Commissioner of Children and Families",
106 "Department of Children and Families", and "Council on Children and
107 Families"] "Secretary of Children", "Department of Children", and
108 "Council on Children" shall be substituted respectively in lieu thereof.

109 (d) The governance structure for the Department of Children shall
110 provide for the following offices: (1) The Office of Child Protection; (2)
111 the Office of Behavioral Health; (3) the Office of Family Services; and

112 (4) the Office of Juvenile Justice. Budgetary and administrative
113 accountability for all programs in each office shall be the responsibility
114 of the office head and final budgetary approval and overall policy
115 coordination shall be the responsibility of the Secretary of Children.

116 (e) The Office of Child Protection shall be responsible for abused
117 and neglected children, foster care, adoption and regional offices. The
118 Office of Behavioral Health shall be responsible for mental health
119 services, substance abuse services and families with service needs. The
120 Office of Family Services shall be responsible for prevention activities
121 within the departments purview. The Office of Juvenile Justice shall be
122 responsible for Long Lane School and the Connecticut Juvenile
123 Training School and the juvenile justice services provided by the
124 Department of Children and Families.

125 Sec. 5. (NEW) (a) The Office of Policy and Management shall
126 employ an independent team of management and financial experts to
127 assist the Secretary of Children for a period of five years. Such
128 assistance may include, but need not be limited to:

129 (1) An assessment of the programmatic and financial management
130 responsibilities and competencies required and available for the
131 Department of Children against those of the former Department of
132 Children and Families and recommendations on an immediate and
133 ongoing basis for changes in management structures needed for the
134 department as it transforms from the Department of Children and
135 Families to the Department of Children;

136 (2) An implementation strategy for alternatives to juvenile
137 detention;

138 (3) Recommendations for assuring that policies and services are
139 integrated across the offices established under section 17a-2 of the
140 general statutes, as amended by this act, both centrally and in regional
141 offices, including assessments of the feasibility of establishing: (A) A
142 deputy secretary responsible for overall management and continuous
143 integration of services; (B) a deputy secretary responsible for

144 coordinating expenditures according to budget and policy priorities
145 while maintaining financial efficiencies; (C) a crisis response team
146 comprised of designated managers who quickly gather information,
147 take corrective action and provide status reports when a crisis, such as
148 a child's death, occurs so as to avoid ad hoc responses; and (D) an
149 assessment of the adequacy of the state and community resources
150 available to the department to carry out its four functional areas of
151 responsibility as established in section 17a-2 of the general statutes, as
152 amended by this act, and recommend resource development or
153 reallocation, as appropriate.

154 (b) The technical assistance team established under subsection (a) of
155 this section shall be accountable to the Secretary of Children.

156 (c) On or before January 1, 2002, and annually thereafter for the
157 duration of the technical assistance team established under this section,
158 the Secretary of Children shall report to the select committee of the
159 General Assembly having cognizance of matters relating to children on
160 the technical assistance team's recommendations and the
161 implementation of such recommendations.

162 (d) The sum of three hundred thousand dollars is appropriated to
163 the Office of Policy and Management, from the General Fund, for the
164 fiscal year ending June 30, 2002, for the purposes set forth in
165 subsection (a) of this section.

166 Sec. 6. (NEW) As used in sections 6 to 10, inclusive, of this act:

167 (1) "Prevention" means policies and programs that (A) promote
168 health, safety and learning and reduce the likelihood of crime,
169 violence, substance abuse, illness, academic failure and other socially
170 destructive behavior, and (B) build competencies to ensure healthy,
171 safe and productive lives for the citizens of this state;

172 (2) "Prevention services" means the following programs or activities
173 directed to anticipate and meet specific needs: (A) Prevention
174 behavioral services, including, but not limited to, abuse or neglect,

175 crime and violence and substance abuse; (B) prevention health
176 services, including, but not limited to, primary health care, health
177 promotion, injury and suicide, infectious disease, nutrition, unhealthy
178 lifestyles and multiple health problems; and (C) prevention social and
179 multiple-focused services, including, but not limited to, academic
180 success, child and youth development, youth employment, parenting
181 skills and family support, family planning and the reduction of
182 adolescent pregnancy, the prevention of homelessness and housing-
183 related issues;

184 (3) "Researched-based prevention" means strategies, programs or
185 services that (A) have a design and implementation that has been
186 subjected to a rigorous scientific research methodology, (B) have been
187 evaluated by recognized experts following accepted methodologies,
188 (C) are subject to peer review, and (D) result in publication in
189 respected academic journals; and

190 (4) "Prevention impact statement" means a set of processes
191 approved by the General Assembly for use by state agencies to
192 examine, in advance, the effects or potential effects of any proposed
193 action or nonaction involving prevention services.

194 Sec. 7. (NEW) (a) There is established a State Prevention Council
195 consisting of the following members, or their designees: (1) The
196 Secretary of the Office of Policy and Management; (2) the Chief Court
197 Administrator; (3) the Commissioner of Social Services; (4) the
198 Commissioner of Children and Families; (5) the Commissioner of
199 Public Health; (6) the Commissioner of Mental Health and Addiction
200 Services; (7) the Commissioner of Education; (8) the Commissioner of
201 Higher Education; (9) the Labor Commissioner; (10) the Commissioner
202 of Correction; (11) the Commissioner of Public Safety; and (12) such
203 other members, or their designees, as the Governor may appoint. The
204 Secretary of the Office of Policy and Management, or the secretary's
205 designee, shall serve as chair of the council.

206 (b) The State Prevention Council shall:

207 (1) Recommend a primary prevention budget, including prevention
208 services;

209 (2) Identify existing appropriations for prevention services and
210 identify science-based prevention that is cost-effective with proven
211 positive outcomes that promote health, community safety, learning
212 and family strength while reducing illness, crime, school failure and
213 family dysfunction;

214 (3) Generally increase state accountability by appropriating funding
215 only for prevention services known to improve social health of the
216 state; identify less effective interventions in violence reduction, illness,
217 mental health disorders, academic failure and drug and alcohol abuse
218 and recommend redeployment of existing state funding to more
219 effective prevention services;

220 (4) Recommend training and education initiatives on prevention for
221 professional development training programs, health systems and
222 community services;

223 (5) Reduce, through such preventive strategies and objective cost-
224 benefit analyses, public spending on more intensive, expensive
225 treatment and problem-driven programs, embedding the science of
226 prevention and preventive services for youth in all programs of state
227 government;

228 (6) Strengthen the capacity of local communities, nonprofit youth-
229 serving networks, coalitions and parents to create prevention
230 programs and sustain services in their communities;

231 (7) Initiate realignment of existing and future public expenditures to
232 establish balance among state expenditures directed at prevention,
233 intervention and treatment services for children and youth;

234 (8) Elevate the science of prevention through investment in
235 research-tested programs and pilot projects, each evaluated and
236 measured quantitatively for effectiveness; and

237 (9) Encourage the direct involvement of the public, consumers,
238 parents, the business community and local government in partnership
239 with state government to promote prevention.

240 (c) The State Prevention Council, acting through the Office of Policy
241 and Management or any other state agency, governmental entity or the
242 private sector, may, within available appropriations, provide financial
243 assistance, lend staff or provide in-kind contributions to the
244 Governor's Partnership To Protect Connecticut's Workforce,
245 Incorporated, for the purposes of assisting the State Prevention
246 Council in prevention planning, training, technical assistance,
247 initiating pilot or demonstration projects and such other assistance as
248 the Office of Policy and Management may decide.

249 (d) On or before October 1, 2001, the State Prevention Council shall
250 identify, within each of the involved state agency budgets, all existing
251 appropriations for preventive services and submit a report on the
252 effectiveness of such preventive services, including, but not limited to,
253 the percentage of the at-risk population served by such programs, to
254 the joint standing committee of the General Assembly having
255 cognizance of matters relating to appropriations.

256 (e) On or before October 1, 2002, and biennially thereafter, the State
257 Prevention Council shall submit, to the Office of Policy and
258 Management and to the joint standing committee of the General
259 Assembly having cognizance of matters relating to appropriations, a
260 prevention budget developed within each agency identifying that
261 agency's preventive services. The prevention budget shall include
262 identified programs, initiatives, pilot projects, grants and contracts by
263 the Office of Policy and Management and the Departments of Social
264 Services, Children and Families, Public Health, Mental Health and
265 Addiction Services, Education, Higher Education and the Labor
266 Department.

267 (f) On or before February 15, 2003, and biennially thereafter, the
268 Secretary of the Office of Policy and Management, on behalf of the

269 Governor, shall submit to the General Assembly, a comprehensive
270 State-Wide Prevention Plan and Budget providing a description of the
271 total state strategy and expenditures on preventive services. Such plan
272 and budget shall describe the balance of program spending among
273 services in prevention and such other applicable services as each
274 agency has proposed.

275 (g) Beginning July 1, 2004, the budget of each agency that is a
276 member of the State Prevention Council shall establish a goal for the
277 allocation of its total general and federal funds towards prevention
278 services.

279 Sec. 8. (NEW) (a) On or before July 1, 2004, and annually thereafter,
280 each of the involved agencies of state government proposing new
281 programs or expansion of existing services shall submit a prevention
282 impact statement to the Office of Policy and Management and the
283 General Assembly evaluating each such program in advance of
284 approval and implementation. Such impact statement shall use a
285 format and methodology adopted by The University of Connecticut
286 School of Family Studies and The University of Connecticut School of
287 Allied Health in cooperation with the Office of Policy and
288 Management. Statements shall be required of any proposed
289 expenditures using state or federal funds exceeding five hundred
290 thousand dollars.

291 (b) Prevention impact statements required by subsection (a) of this
292 section shall include, but need not be limited to:

293 (1) A description of the proposed action;

294 (2) The consequences on policies, practices or services as a result of
295 the proposed action, including, but not limited to, direct and indirect
296 effects that might result during and subsequent to the proposed action;

297 (3) A cost-benefit analysis addressing the extent to which the action
298 will promote prevention policies or the extent to which
299 implementation would redirect resources away from prevention

300 policies as set forth by the State Prevention Council;

301 (4) An analysis of short and long-term social and behavioral costs
302 and outcome benefits of the proposed action, specifically on the
303 promotion of parenting, health, safety, learning, family planning and
304 the reduction of adolescent pregnancy, child abuse and neglect, the
305 prevention of homelessness and housing related issues and the
306 diminution of illness, crime or school failure upon the target
307 population or individuals for which the action is intended; and

308 (5) Benchmarks and timetables to fully serve the at-risk population.

309 Sec. 9. On or before July 1, 2002, the Office of Policy and
310 Management shall develop objective outcome performance and
311 accountability measures to guide prevention planning and to provide
312 quantitative and qualitative measures to evaluate such programs. The
313 outcome performance and accountability measures shall be flexible but
314 shall utilize uniform and consistent standards to, at a minimum: (A)
315 Measure program efficacy; (B) measure cost effectiveness; (C) avoid
316 duplication; and (D) evaluate the effectiveness of new programs on at-
317 risk case loads.

318 Sec. 10. (NEW) (a) There is established a Connecticut Prevention
319 Advisory Board, which shall be within the Office of Policy and
320 Management for administrative purposes only. The board shall be
321 composed of seven members appointed by the Governor, four
322 members appointed by the speaker of the House of Representatives,
323 and four members appointed by the president pro tempore of the
324 Senate. The Governor shall appoint one of the members to serve as
325 chairperson. No member shall serve more than eight years within a
326 twelve-year period. Members shall include individuals with interest,
327 expertise and direct experience in prevention and preventive services
328 and shall include primary prevention experts from the fields of health,
329 safety and learning.

330 (b) The board, in collaboration with the State Prevention Council,
331 shall annually submit to the Governor and the General Assembly a

332 report delineating the adequacy of the Annual State Prevention Plan
333 and Budget and shall recommend such policy and or program
334 changes, innovations and improvements in preventive services as the
335 board deems necessary.

KID

JOINT FAVORABLE SUBST. C/R

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